HES 2002-IP-006493

Alan B. Duell

COMPLETE IF KNOWN

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

PATENT APPLI	COMPLETE IF KNOWN								
(37 CFR 1.	(37 CFR 1.63)								
Declaration Submitted OR with Initial	Declaration	Filing Date			,				
	Submitted after Initial Filing (surcharge	Art Unit							
Filing	(37 CFR 1.16 (e)) required)	Examiner Name							
As the below named inventor, I here	eby declare that:								
My residence, mailing address, and cit	tizenship are as stated belo	w next to my name.							
I believe I am the original and first inve	entor of the subject matter w	hich is claimed and for whi	ch a patent is soug	tht on the invent	ion entitled:				
Control System and Meth	nod For Forming S	lurries							
T.									
the specification of which									
*									
	(Title of the In	nvention)							
the specification of which	(Title of the II.	venuonj							
<u> </u>									
is attached hereto									
OR									
was filed on (MM/DD/YYYY)		as United States A	application Number	or PCT Internat	tional				
is attached hereto OR was filed on (MM/DD/YYYY)									
		(MANA/DD/AAAA)		(:£!	: t- I - \				
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT									
I hereby claim foreign priority benefits	ternational filing date of the continuation-in-part application. nereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant								
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other that States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inverseder's rights certificate(s), or any PCT international application having a filing date before that of the application on who claimed.									
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Cop	-				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO				
,									
*									
⁷ 1									
Additional foreign application nun	nbers are listed on a supple	mental priority data sheet I	PTO/SB/02B attact	ned hereto:					

PTO/SB/01 (10-01)
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DECLARATION — Utility or Design Patent Application

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			PATENT & TRADEMA					
	Name			-	***************************************			
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-	Address							
	City			State		ZIP		
	Country	Tele	phone			Fax		
than the other than they that they the	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
The state of	NAME OF SOLE OR FIRST INVENTOR:		A petition h	as bee	en filed for this unsig	ned inventor		
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mill that they want with that in	Inventor's Signature				. Date			
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	Additional inventors are being named on the 1	_sup	plemental Addition	nal Inve	ntor(s) sheet(s) PTO/SB/	······································		

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if an	ıy:	A petition has been	ı filed for t	this unsigned inventor			
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

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Inventor's Signature Date						Date	
Residence: City	Residence: City State			Country	Citizenship		
Mailing Address							
Mailing Address							
City	St	ate	ZIP Country			ry	
Name of Additional Joint Inventor, if any:							
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Inventor's Signature			<u></u> -	Arrano		Date	
Residence: City	State			Country		Citizenship	
Mailing Address			····	441			
Mailing Address					·····		
City	State	te		ZIP	Co	ountry	

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